

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Shively 43445

State File No. _____

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 377

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 125 East Saline
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days 2

3. (a) PRINT FULL NAME Maude Alma Hayworth

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-07-6560

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles Hayworth 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Jan. 31 1887
(Month) (Day) (Year)

8. AGE: Years 53 Months 10 Days 4 If less than one day
hr. _____ min.

9. Birthplace Lamonte Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Not Employed

11. Industry or business _____

MOTHER FATHER { 12. Name David Whitworth
13. Birthplace Lexington Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Weathers
15. Birthplace Lamonte Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Hayworth
(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof Dec. 6/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo.

19. (a) 12/5/40 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 125 East Saline
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5
year 1940 hour 8-PM minute _____ M.

21. I hereby certify that I attended the deceased from Nov-1-40 to Nov-5-40
that I last saw him alive on Nov-3- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Curelous of Stomach

Due to _____

Due to 46

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 906

(Specify type of place)
While at work _____ (e) Means of injury _____

23. Signature J. S. Sneed (M. D. or other) _____
Address Sedalia Date signed Dec 11/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-14-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Geo. Dillard

Licensed Embalmer No.

3868

P. O. Address

Sedalia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.